STATE OF MARYLAND—CERTIFICATE OF DEATH

04057

1. PLACE OF DEATH

County Caroline Registration Dist. No. 62

Village or City Ridgley No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Odies E. Clark - Social Security No. Not any -

(a) Residence: No. Harrington, Del, St., Ward. Harrington, Del
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE Colored

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (write the word) Married

5a. If married, ~~widowed~~, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Inez Benson Clark.

6. DATE OF BIRTH (month, day, and year) May 16 - 1891

7. AGE Years 48 Months 11 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer -

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceesed lest worked at this occupation (month and year) Nov. 1939

11. Total time (yeers) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ridgley Md.

FATHER

13. NAME Asbury Clark

14. BIRTHPLACE (city or town) (State or country) Queen Anne County Md.

MOTHER

15. MAIDEN NAME Annie Casson

16. BIRTHPLACE (city or town) (State or country) Queen Anne County Md.

17. INFORMANT (Address) Inez Clark Harrington, Del.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Spring Grove Cemetery Denton, Md. Date Apr. 28 1940

19. UNDERTAKER (Address) J. Virgil Deaver Sow Denton Md.

20. FILED 4-24, 1940 [illegible] George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr. (Month) 24 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1940, to Apr. 24, 1940

I last saw him alive on Apr. 16, 1940; death is said to have occurred on the date stated above, at 3.25 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Pulmonary	
T. B.	

Other **Contributory Causes** of Importance:

Name of operation Date of

Whet test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. T. Chipman M. D.

(Address) Harrington Del.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I.		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131-a

04058

Reg. Dist. No. 60

1. PLACE OF DEATH:
County ~~Henderson~~ Caroline
City or town Henderson Md R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Henderson Md R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Henry Cordine Cooper.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	W	married

6 (b) Name of husband or wife Florence Cooper.
6(c) If alive, give age 72 years
7. Birth date of deceased (mo., day, yr.) Feb. 26 1864

8. AGE:

Years	Months	Days	If less than one day
76	1	11	hrs. min.

9. Birthplace Near Fellow Del.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business ✓

FATHER
12. Name John Cooper
13. Birthplace Delaware

MOTHER
14. Maiden name Mary E. Longfellow
15. Birthplace Delaware

16. Informant Mrs. Florence Cooper
Address Henderson Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 10, 1940 (month) (day) (year)
Cemetery or crematory Greensboro.
Location Greensboro Md.

18. Funeral director Raymond B. Rawlings
Address Greensboro Md

19. 4/9 1940 A C Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 23 1940, to Apr. 8 1940, and that I last saw him alive on Apr. 7 1940.

Immediate cause of death Cardio Renal Disease

Due to

Due to General Arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G H Stonesifer M.D.
M. D.
Address Greensboro Md Date signed April 10 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

04059

Reg. Dist. No. 66

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Ridgely

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Fifer Hospital

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State _____ County _____

City or town Ridgely, Md. Ward No. _____

(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME

Baby Ebling

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife ✓

6(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April 24 1940

8. AGE:

Years	Months	Days	If less than one day
0	0	0	0 hrs. _____ min.

9. Birthplace Ridgely, Caroline Co., Maryland (Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER

12. Name Eby S. Ebling

13. Birthplace Ridgely, Md.

MOTHER

14. Maiden name Ruth Irene Shockley

15. Birthplace Middletown, Delaware

16. Informant Ruth Ebling (mother)

Address Ridgely, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 25 1940 (month) (day) (year)

Cemetery or crematory Denton Cemetery

Location Denton Md

18. Funeral director Eli S Ebling

Address Ridgely Md.

19. Apr 25 1940 (Date rec'd by registrar) J W Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1940, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 24 1940, to Apr 24 1940, and that I last saw her alive on _____ 19_____.

Immediate cause of death	DURATION
Still Birth	
Dead about 1 wk	
Due to unknown	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE J H Fifer M.D.

M. D. or other

Address Ridgely Md Date signed 4-25-40

RECEIVED
MAY 2 1940
BUREAU V. S.

04060

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline

City or town Preston - Rural Near
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: American Corner

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 38 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Preston - Rural Near Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. American Corner
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Elizabeth Harris

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James Harris

6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.): About 1873

8. AGE: Years: About 67 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Plum Point, Maryland
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Own Home

FATHER
12. Name: — Brown
13. Birthplace: Maryland

MOTHER
14. Maiden name: Nancy —
15. Birthplace: Maryland

16. Informant: James Harris
Address: Preston, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 28 1940 (month) (day) (year)

Cemetery or crematory: Denton Cemetery

Location: Denton, Maryland

18. Funeral director: J. J. Frampton and Son
Address: Federalsburg, Maryland

19. April 26 1940 (Date rec'd by registrar) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1940, at 9:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 27 1940, to April 23 1940, and that I last saw her alive on April 20 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 26 days

Due to: Hypertension and arteriosclerosis — 16 yr

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul Trotts MD M. D. or other

Address Denton Md Date signed April 25-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (134)

CERTIFICATE OF DEATH

94061

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Caroline
City or town: Greensboro
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md, County: Caroline
City or town: Greensboro, Md, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Joseph H, Isaacs

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Mrs, Laura Isaacs
6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Feb, 20, 1861

8. AGE: Years: 79 | Months: 1 | Days: 22 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Delaware
(Town, county, and state)

10. Usual occupation: Farmer

14. Industry or business

FATHER
12. Name: John Isaacs
13. Birthplace: Delaware

MOTHER
14. Maiden name: Elizebeth Conway
15. Birthplace: Delaware

16. Informant: Mrs, Laura Isaacs
Address: Greensboro. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April.14.1940 (month) (day) (year)
Cemetery or crematory: Greensboro,
Location: Greensboro, Md,

18. Funeral director: Raymond B, Rawlings
Address: Greensboro, Md,

19. Apr. 14 1940 (Date rec'd by registrar) L. Mac Pippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 11 1940, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 26 1940, to Apr. 11 1940, and that I last saw him alive on April 9 1940.

	DURATION
Immediate cause of death: Chronic Nephritis	
Due to: Arteriosclerosis	
Due to: Cardio Vascular Disease	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Clark H Stevenson M.D.
Address: Greensboro Md. M. D., or other
Date signed: June 13 1940

RECEIVED
MAY 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04062

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (61)

County Caroline Registration Dist. No. 66

Village or City near Ridgely No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Rebecca Knott If U. S. Veteran, specify WAR

(a) Residence: No. near Ridgely Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Walter Knott

6. DATE OF BIRTH (month, day, and year) Nov. 30 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caroline County (State or country)

FATHER

13. NAME Joshua Storry

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Sarah Ann Price

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Mrs. M. Winstead (Address) near Ridgely

18. BURIAL, CREMATION, OR REMOVAL Place Easton Date April 16, 1940

19. UNDERTAKER Wm. T. Goode (Address) Church Hill Md

20. FILED April 15, 1940 J. W. Davis. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 14 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April, 1934, to April 14, 1940

I last saw her alive on March 10, 1940; death is said to have occurred on the date stated above, at 2:15 A m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	April 14 1940
Other **Contributory Causes** of importance:	
Angina Pectoris	1926
Diabetes Mellitus	1933

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Knotts M. D.

(Address) Denton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

04063

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County: Caroline

City or town: Federalsburg,
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: North Main Street

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 60 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Federalsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: North Main Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ---

3. (a) FULL NAME: Rose Ella McCrea.

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: John A. McCrea.

6(c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): March 25" 1868

8. AGE: Years	Months	Days	If less than one day
72	1		hrs. min.

9. Birthplace: Caroline Co. Md.
(Town, county, and state)

10. Usual occupation: House-work

11. Industry or business: Own Home

FATHER
12. Name: Vincent Price,
13. Birthplace: Caroline Co. Md.

MOTHER
14. Maiden name: Elizabeth Plummer,
15. Birthplace: Caroline Co. Md.

16. Informant: John A. McCrea
Address: Federalsburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 27" 1940 (month) (day) (year)

Cemetery or crematory: Hill Crest Cemetery

Location: Federalsburg, Md.

18. Funeral director: J. J. Framptom & Son.
Address: Federalsburg, Md.

19. April 26 1940 (Date rec'd by registrar) J. J. Framptom Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 25" 1940, 9-45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 5 1937, to Apr 25 1940, and that I last saw her alive on Apr 25 1940.

Immediate cause of death: Myocardia failure — DURATION: 2 MO

Due to: Chronic Myocarditis with generalized arteriosclerosis — 1934

Due to: Marked —

Other conditions: Chronic Interstitial Nephritis
(Include pregnancy within 3 months of death)

Major findings: Physical findings

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. E. Lennon M.D.
M. D. or other

Address: Federalsburg Md. Date signed: 4/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

04064

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg – Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: River Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 75 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg – Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. River Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lucy S. Neal

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife John Neal

6(c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) August 15, 1864

8. AGE:

Years	Months	Days	If less than one day
75	8	15	___ hrs. ___ min.

9. Birthplace Caroline County, Maryland
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own Home

FATHER
12. Name No data available
13. Birthplace "

MOTHER
14. Maiden name Lizzie Banks
15. Birthplace Caroline County, Maryland

16. Informant Mrs. Ethel Magee

Address Federalsburg, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 3 1940 (month) (day) (year)

Cemetery or crematory Federalsburg Colored Cemetary

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalsburg, Maryland

19. May 2 1940 (Date rec'd by registrar) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1940, at 7:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 1 1940, to Apr 30 1940, and that I last saw her alive on Apr. 30 1940

Immediate cause of death Cardio Vascular Renal Disease — DURATION 1 yr

Due to

Due to

Other conditions Chronic Hypertrophic Arthritis
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. E. Lemmon M.D.
M. D. or other

Address Federalsburg Md Date signed 5-2 40

RECEIVED
JUN 6 1940
BUREAU V. S.

Dr. Anderson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

04065

Reg. Dist. No. 64

1. PLACE OF DEATH:
County: Caroline
City or town: Federalsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 208 Buena Vista Avenue
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 22 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Federalsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 208 Buena Vista Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ---

3. (a) FULL NAME: John L. Paul

3. (b) Social Security Number: 216-10-9195

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Janie Paul
6(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): December 8, 1875

8. AGE:

Years	Months	Days	If less than one day
64	4	15	____ hrs. ____ min.

9. Birthplace: Dorchester County, Maryland (Town, county, and state)
10. Usual occupation: General Laborer
11. Industry or business: Basket Factory

FATHER
12. Name: James Paul
13. Birthplace: Dorchester County, Maryland

MOTHER
14. Maiden name: Adaline Reid
15. Birthplace: Dorchester County, Maryland

16. Informant: Mrs. John L. Paul
Address: Federalsburg, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 25, 1940 (month) (day) (year)
Cemetery or crematory: Hill Crest Cemetery
Location: Federalsburg, Maryland

18. Funeral director: J. J. Frampton and Son
Address: Federalsburg, Maryland

19. April 24 1940 (Date rec'd by registrar) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 23 1940, at 2:08 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 17 1940 to April 23 1940, and that I last saw h[illegible] alive on April 23 1940.

Immediate cause of death: Cerebral Hemorrhage
Due to: Arteriosclerosis

	DURATION
Immediate cause of death	10 days
Due to	3 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Frank M. Anderson M.D.
M. D. or other
Address: Federalsburg, Md. Date signed 4/23/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (49-A)

04066

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline

City or town Preston - Rural Near
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Friendship

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Preston - Rural Near Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Friendship
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Harry Robinson

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Grace Robinson

6(c) If alive, give age: No data years

7. Birth date of deceased (mo., day, yr.): About 1900

8. AGE: Years: About 40 | Months | Days | If less than one day: hrs. min.

9. Birthplace: Massachusetts
(Town, county, and state)

10. Usual occupation: Day Laborer

11. Industry or business: On Farm

FATHER
12. Name: No data
13. Birthplace

MOTHER
14. Maiden name: No data
15. Birthplace

16. Informant: George Wheeler
Address: Preston, Maryland, R.F.D.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: April 2, 1940 (month) (day) (year)

Cemetery or crematory: Federalsburg Colored Cemetery

Location: Federalsburg, Maryland

18. Funeral director: J. J. Frampton & Son
Address: Federalsburg, Maryland

19. April 2 1940 (Date rec'd by registrar) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 2 1940, at 11 A.M. 50

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 28, 1937, to April 2 1940, and that I last saw h IM alive on 19

Immediate cause of death: General Lexemia of Malignancy. O.K.

Due to: Malignancy of Congenital Away Rt.

Due to: Congenital Away

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation: Malignancy of Congenital Away with General Metastases
Of autopsy

DURATION: 6 MO

Life

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. E. Lemmon M. D. or other

Address: Federalsburg, Md Date signed: Apr 2 '40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04067

Reg. Dist. No. 60

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Caroline
City or town Goldsboro R F D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 35 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Goldsboro R F D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mattie Rogers.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	B	Married.

B (b) Name of husband or wife William Rogers.
6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) April 1 1890

8. AGE: Years 50 | Months | Days 22. | If less than one day ____ hrs. ____ min.

9. Birthplace Goldsboro R F D. Md Caroline
(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name William Hicks.
13. Birthplace Maryland.

MOTHER
14. Maiden name Caroline Matthews.
15. Birthplace Maryland.

16. Informant William Rogers.
Address Goldsboro Md R F D.

17. Burial (Burial, cremation, or removal, Which?) Date thereof April 25 1940 (month) (day) (year)
Cemetery or crematory Union
Location Greensboro Md.

18. Funeral director Raymond B. Rawlings
Address Greensboro Md.

19. 4/25 1940 (Date rec'd by registrar) A C Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1940, at 3.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 20 1939, to April 22 1940.
and that I last saw h alive on April 22 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Leah K Stowesfather M. D. or other
Address Trewton Md Date signed April 24 1940

RECEIVED
MAY 4 1936
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (200-S)

CERTIFICATE OF DEATH

04068

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Caroline

City or town: Federalsburg,
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Denton Road

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 20 years,

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland, County: Caroline

City or town: Federalsburg, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Denton Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ---

3. (a) FULL NAME: Martha Catherine Satchell

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

B (b) Name of husband or wife: William Satchell,

6(c) If alive, give age: ---- years

7. Birth date of deceased (mo., day, yr.): August 19" 1847

8. AGE: Years	Months	Days	If less than one day
92	7	21	---- hrs. ---- min.

9. Birthplace: Dorchester Co. Maryland.
(Town, county, and state)

10. Usual occupation: House-work,

11. Industry or business: Own home.

FATHER 12. Name: Hackett Stevens,

FATHER 13. Birthplace: Dorchester Co. Md.

MOTHER 14. Maiden name: Isabelle Wright,

MOTHER 15. Birthplace: Dorchester Co. Md.

16. Informant: Mrs Annie Hubbard,

Address: Federalsburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 13" 1940 (month) (day) (year)

Cemetery or crematory: Riverview Cemetery.

Location: Penns Grove, New Jersey.

18. Funeral director: J.J.Framptom & Son.

Address: Federalsburg, Md.

19. April 11 1940 (Date rec'd by registrar) J.J. Framptom Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 10" 1940, at 7P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19---, to ---- 19---,

and that I last saw h--- alive on ---- 19---.

Immediate cause of death	DURATION
Natural Causes	
Was found dead in Chair	
No further information. C.W.S.P.	
Due to	
This woman was dead when Deputy Medical	
Other conditions: Examiner first saw her.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ---- Date of ----

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Wilson N Norfolk M.D. or other

Address: Deputy Medical Examiner Date signed 4/11/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

64069

Reg. Dist. No. 60

1. PLACE OF DEATH:
County Caroline
City or town Goldsboro. Md. R¾F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Goldsboro, R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stella Shorts

3. (b) Social Security Number

4. Sex Femail
5. Color or race W
6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Johnnie Shorts
6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Sept, 16,1867

8. AGE: Years 73 Months 6 Days 18 If less than one day ___ hrs. ___ min.

9. Birthplace Del,
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Manship Stokley
13. Birthplace Md,

MOTHER
14. Maiden name Cornillis Roe
15. Birthplace Md,

16. Informant Lullie Walls Creek
Address Dover, Del South Little

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof April 8, 1940 (month) (day) (year)
Cemetery or crematory Mt, Olive
Location Near Goldsboro, Md,

18. Funeral director Raymond B. Rawlings
Address Greensboro. Md.

19. 4 ~~9~~ 1940 (Date rec'd by registrar) A P Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1940, at 9.45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 19 1940, to Apr. 5 1940, and that I last saw her alive on April 4 1940.

Immediate cause of death Lobar Pneumonia

Due to

Due to

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles H Stonesifer M D
M. D. or other
Address Greensboro, Md Date signed 4/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

94070

Reg. Dist. No. 60

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Goldsboro, R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md., County Caroline

City or town Goldsboro, R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frank Simon

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Rosa Simon

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) June 20.1866

8. AGE:

Years	Months	Days	If less than one day
74	9	12	hrs. min.

9. Birthplace Hunguary
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Frank Simon
13. Birthplace Hunguary

MOTHER
14. Maiden name Unknown
15. Birthplace Hunguary

16. Informant Rosa Simon
Address Gildsboro, Md,

17. Burial (Burial, cremation, or removal. Which?) Date thereof April. 4th.40 (month) (day) (year)

Cemetery or crematory Holey Cross

Location Greensboro, Md,

18. Funeral director Raymond B. Rawlings

Address Greensboro. Md.

19. 4/4/40 (Date rec'd by registrar) 19 A C Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1940, at 2.30 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Mar. 15 1940, to Apr. 1 1940, and that I last saw h alive on Mar 31 1940.

Immediate cause of death	DURATION
Chronic Myocarditis	(a)
Due to Arteriosclerotic Cardio-Vascular Disease	
Due to	
Other conditions Senile Gangrene Left Foot	
(Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H Stevenson M.D.
M. D. or Coroner

Address Greensboro Md Date signed 4-4-40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

04071

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-415

1. PLACE OF DEATH:
County Caroline
City or town Near Denton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Near Denton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frederick Stafford

3. (b) Social Security Number

4. Sex male
5. Color or race white
6. (a) Single, married, widowed, or divorced married
6 (b) Name of ~~husband~~ or wife Jennie Laurra Stafford
6(c) If alive, give age 80 years
7. Birth date of deceased (mo., day, yr.) March 11 - 1863
8. AGE: Years 77 | Months | Days 19 | If less than one day ____hrs. ____min.
9. Birthplace Burrsville, Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Wesley Stafford
13. Birthplace Del.
MOTHER 14. Maiden name Marie Stevens Stafford
15. Birthplace Burrsville Md.
16. Informant Mrs. Jennie Stafford (wife)
Address R.D. 1 Denton Md.
17. Buried (Burial, cremation, or removal. Which?) Date thereof 4-3-40 (month) (day) (year)
Cemetery or crematory M. E. Church Cemetery
Location Burrsville, Md.
18. Funeral director J. Virgil Edmondson
Address Denton, Md.
19. 4-3 1940 (Date rec'd by registrar) Jno A O Young Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1940, at 5:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 12 1940 to Mar. 31 1940 and that I last saw him alive on Mar. 31 1940

Immediate cause of death	DURATION
Chronic Myocarditis	
Due to Arteriosclerotic cardio-vascular disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles H Stonesifer M.D.
M. D. or other
Address Greensboro, Md. Date signed 4/3/40

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4-B)

04072

CERTIFICATE OF DEATH

Reg. Dist. No. 66

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Ridgely

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 39 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County Caroline

City or town Ridgely Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Louise Holliday Taylor

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Ambrose Taylor

6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) May 6 1880

8. AGE:

Years	Months	Days	If less than one day
59	10	26	hrs. min.

9. Birthplace Easton, Talbot Co Md (Town, county, and state)

10. Usual occupation housekeeper

11. Industry or business home

FATHER 12. Name Josiah Shaw

13. Birthplace Talbot Co md

MOTHER 14. Maiden name Eliza Jane Sowers

15. Birthplace Talbot Co md

16. Informant Mrs Bessie Mustard (Sister)

Address Lewis, Dela

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 4 1940 (month) (day) (year)

Cemetery or crematory Denton Cemetery

Location Denton Md

18. Funeral director J. Virgil Moore & Son

Address Denton Md

19. April 2" 1940 (Date rec'd by registrar) J. W. Davis, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1940, at 7: A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 2 1939, to April 2 1940, and that I last saw h e alive on April 1 1940.

	DURATION
Immediate cause of death Inanition	months
Due to Carcinomatosis Stomach with Metastasis to Cerebellum	5 months plus
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Shifer MD M. D. or other

Address Ridgely Md Date signed 4-2-40

RECEIVED
MAY 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94-a)

CERTIFICATE OF DEATH

04073

Reg. Dist. No. 63

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Caroline
City or town: Near Preston
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Preston Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Anna Marie Thieroff

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: John J. Thieroff
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 21, 1855

8. AGE: Years	Months	Days	If less than one day
84	9	16	hrs. min.

9. Birthplace: Defiance, Ohio
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Christian Greenler
13. Birthplace: Germany

MOTHER
14. Maiden name: Anna M. Hoelrich
15. Birthplace: Germany

16. Informant: Mrs. H. J. Rosebrock
Address: Preston, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 8, 1940 (month) (day) (year)
Cemetery or crematory: Jr. O. U. A. M.
Location: Linchester, near Preston, Md.

18. Funeral director: W. H. Hollis & Son
Address: Preston, Md.,

19. 4/6 (Date rec'd by registrar) 1940 Cornelia D. Plummer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/6 1940, at 8:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/30 1939 to 4/6 1940, and that I last saw h alive on 4/5 1940

Immediate cause of death	DURATION
Coronary Occlusion	2 hrs
Sclerosis	
Due to Chronic Nephrosclerosis	P
Due to Arteriosclerosis	P
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Stanley D. Plummer M. D. or other
Address Preston Maryland Date signed 4/6/40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(97)

04074

Reg. Dist. No. 60

1. PLACE OF DEATH:
County Caroline
City or town Henderson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Henderson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George W. Thompson.

3. (b) Social Security Number

4. Sex Male
5. Color or race W.
6. (a) Single, married, widowed, or divorced married
8 (b) Name of husband or wife Idia Thompson
6(c) If alive, give age 75 years
7. Birth date of deceased (mo., day, yr.) July 16. 1860

8. AGE: Years 79 Months 8 Days 22 If less than one day ___ hrs. ___ min.

9. Birthplace Barclay Queen Anne Md.
(Town, county, and state)
10. Usual occupation Farmer.
11. Industry or business ✓

FATHER
12. Name Samuel Thompson.
13. Birthplace Maryland.

MOTHER
14. Maiden name Francis Merredith.
15. Birthplace Maryland

16. Informant Harvey Thompson.
Address Henderson. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 12. 1940 (month) (day) (year)
Cemetery or crematory Busic.
Location Near Henderson Md.

18. Funeral director Raymond B. Rawlings
Address Greensboro Md.

19. 4/9/40 (Date rec'd by registrar) 19 A Clark Smith. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940, at 12 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 3 1940, to Mch 8 1940, and that I last saw him alive on Mch 8 1940.

Immediate cause of death Exhaustion — DURATION 7 days

Due to Cerebral Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Glasgow Md. Date signed Mch 8 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (200-a)

04075

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

County Caroline

City or town Ridgely Md R F D
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Ridgely Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles H. White

3. (b) Social Security Number ✓

4. Sex Male

5. Color or race B.

6. (a) Single, married, widowed, or divorced Widowed.

B (b) Name of husband or wife Anna R. White

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2. 1861

8. AGE: Years 79 Months 1 Days 26 If less than one day hrs. min.

9. Birthplace Maryland. Caroline Co
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Unknown.
13. Birthplace Unknown.

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown.

16. Informant Bessie Smith.

Address Ridgely Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 30. 1940 (month) (day) (year)

Cemetery or crematory Cokers.

Location Greensboro. Md.

18. Funeral director Raymond B. Rawlings

Address Greensboro. Md

19. April 30 1940 (Date rec'd by registrar) J. W. Davis, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1940, at 645 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death Natural Causes

DURATION

Due to No further information. C.W.G.

Due to This man was dead when Deputy Medical Examiner first saw him.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Melvin N. Nichols M. D. or other

Address Deputy Medical Examiner Date signed 4/30/40

Denton Md

RECEIVED
MAY 2 1940
BUREAU V. S.